

Claiming Disability Living Allowance on physical grounds

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Published on the internet by:
Barton Hill Advice Service, Unit 32, Easton Business
Centre, Felix Road, Easton
Bristol BS5 0HE

Email: info@bhas.org.uk
Website: www.bhas.org.uk
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Disclaimer

Every care has been taken to ensure that the content of this work is accurate and that legislation and caselaw used is current at the time of writing. However, no responsibility for loss occasioned to any person acting or refraining from action as a result of any statement in this work can be accepted by the authors or by Barton Hill Advice Service.

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About this guide

Who is this guide for?

This guide is for you if you are considering making a claim for Disability Living Allowance (DLA), because of a physical health condition or because you are physically disabled. If you experience mental health problems you can download a guide to claiming DLA on those grounds from our website at www.bhas.org.uk. If you experience both physical and mental health problems, for example because you have become depressed as a result of a long-term physical health condition, then you may want to use both guides.

This is a general guide, intended to be of use to anyone with a physical impairment or health condition. Because it is designed to cover an extremely wide range of conditions, from visual and hearing impairments to arthritis and angina, not everything in it will apply to you. But the methods we explain for doing things like:

- filling out the claim pack
- getting supporting evidence
- preparing for a medical

apply to anyone making a claim for DLA. So use the parts that are helpful to you and please don't be troubled or put off by the parts that aren't. Above all, if the problems you experience aren't as great as some of the examples we give, don't imagine there's no point in claiming. If the only problems you have are with going outdoors in unfamiliar places, for example, or with cooking a main meal, that alone may be enough for you to get DLA.

How to use this guide

Use it slowly, bit-by-bit.

This is a guide to the whole process of making a claim for DLA. It will help you to make a very detailed and well supported claim and considerably improve your chances of success. But it's also very long and we often have to say the same thing in several different places, so please don't try to read it all at once. Use it like you would any other instruction manual – a car maintenance manual, say - just read the bit you need at the time and don't worry about the rest.

How to improve this guide

We really welcome feedback and suggestions. If there are conditions that we seem to have given no thought to, or if you have problems which we haven't mentioned with carrying out specific activities, please tell us. Equally, if there are sections that you find unclear or aspects of claiming DLA that we haven't covered, let us know. The guide will be updated regularly and we are keen to incorporate improvements suggested by people who use it. If you do find it helpful we'd also really like to know, as positive feedback will help us to secure further funding to keep the information up-to-date.

Examples

We've given examples of possible answers to some questions in the claim pack, using our four-step system, (e.g. see, *When you are in bed*, *Communicating with other people*, *Help with your toilet needs*). Could you provide examples for any of the pages from your own experience?

We're grateful for all contributions, though we can't guarantee to use them all.

All feedback and contributions from individuals are treated as confidential: if we pass on your comments you will not be identified in any way. If you provide feedback in your capacity as a volunteer or paid employee of an organisation, then we may use a quote with your name and

organisation attached, unless you ask us not to. Contact details for BHAS are on the front cover of this guide, or you can complete a feedback form on the website at www.bhas.org.uk

A very brief glossary

Below are a few terms in the guide that you may not be familiar with, please let us know if there are others:

Decision makers: these are the people who make decisions about your benefits, they used to be called adjudication officers.

Department of Work and Pensions (DWP): the new name for what used to be the Department of Social security (DSS).

Social Security Commissioners: if you are unhappy with a benefits decision you can generally appeal to a tribunal. If you are unhappy with the tribunal's decision you may be able to appeal further, to a Social Security Commissioner. Commissioners decisions are binding on all tribunals.

BHAS training

Making the best possible Disability Living Allowance and Attendance Allowance claims.

Bristol, 28th January, 2003

"Excellent! Very easy to understand. Increased my confidence."

See page 3 of this guide for full details.

Benefits and work.

Bristol, 18th February, 2003.

New one-day course looking at the effects on benefits of part-time, full-time, voluntary and

permitted (formerly therapeutic) work. No previous benefits knowledge required.

Incapacity for work on mental health and dual diagnosis grounds.

Bristol, 26th February, 2003

"A good and useful day. Lots of information and very useful hints and tips."

One-day course looking at ways to reduce the chances of your clients being inappropriately found capable of work and what steps you can take if it does happen. Particularly for staff working with clients with mental health conditions, including those who abuse substances. No previous benefits knowledge is required.

Courses are based on the BHAS guides, currently being downloaded at a rate of over 100,000 copies a year. Find out more about BHAS training and in-house courses: visit our website at www.bhas.org.uk email: training@bhas.org.uk tel: 07940 936092 (mobile, please don't use for benefits queries as we are unable to deal with telephone enquiries under any circumstances).

Am I eligible?

DLA is a complicated benefit and many people, including some doctors, care workers and DWP staff, pass on information and opinions that aren't correct. So we'd like to start by telling you 12 things that, no matter what you've been told before, don't affect your right to claim DLA.

12 things that won't affect your claim:

- You're getting any other benefits - DLA will be paid on top.
- You're working.
- Your partner works.
- You have savings.
- You have not paid any national insurance contributions.
- You don't consider yourself to be disabled - DLA is for people with long-term health problems or impairments which affect their everyday activities.
- You've been told by a doctor, nurse, care worker - or anyone other than a welfare rights worker - that you won't get DLA. Eligibility for DLA is a legal question, not a matter of medical - or any other - opinion.
- You live alone and no-one is providing care for you.
- You already have someone, a partner for example, providing care for you.
- You don't want anyone to provide care for you.
- You've been turned down before. Take a look at the sections on *Completing section two of the claim pack* and *Including supporting evidence*, you may decide you could put forward a stronger case if you applied again.
- You do not want to spend money on personal care: you can spend DLA on anything you wish.

There are a few things, other than your current state of health, which are important, however:

2 things that will affect your claim

1. Are you under 65?
Yes? You can move on to question 2.
No? Unfortunately, if you are 65 or over you cannot begin a claim for DLA. However, you may be able to claim a similar benefit called Attendance Allowance (AA). Contact one of the organisations listed in the Help! section for further details or visit the BHAS site, where a downloadable guide to claiming AA is available from May 2002 .
2. Has your health condition lasted at least three months and is it likely to last at least another six months?
Yes? Then you can claim immediately.
No? If it hasn't already lasted three months you can still make a claim, but payment can only begin from the date when it has lasted three months.

Finally, to help you decide if you might be eligible for DLA, try our two minute DLA test on the following page.

The 2 Minute DLA Test

1 Look through this list of some (but not all) of the everyday activities that are relevant to DLA:

- *Walking outdoors*
- *Walking outdoors alone in unfamiliar places*
- *Preparing a cooked main meal for yourself*
- *Moving about indoors*
- *Taking medication*
- *Eating and drinking*
- *Staying safe if you're alone*
- *Communicating with other people*
- *Getting out of bed in the morning*
- *Getting into bed at night*
- *Sleeping*
- *Using the toilet*
- *Washing, having a bath or a shower*
- *Looking after your appearance*
- *Getting dressed and undressed*
- *Social and leisure activities*

(Shopping and housework are not generally counted as everyday activities that are relevant to DLA, but see *More about the way your illness or disabilities affect you*).

2 Choose one of the activities above that you have some problems with. For example:
you might have problems using the toilet because you have irritable bowel syndrome which causes abdominal pain and urgent diarrhoea, so you sometimes don't make it in time
you might have problems going outdoors alone in unfamiliar places because a visual impairment makes it difficult for you to see obstructions or cross roads safely
you may not be able to prepare a cooked main meal for yourself because arthritis in your hands means you can't peel or chop vegetables.

3 With your chosen activity in mind, answer the True or False questions below. If your condition varies, so that the answer is sometimes true and sometimes false, then choose true.

| | |
|---|-----------------------|
| I can do it, but it hurts. | <i>True or False?</i> |
| I can do it, but only slowly. | <i>True or False?</i> |
| I can do it, but only using a special technique of my own. | <i>True or False?</i> |
| I can do it, but I need someone with me just in case things go wrong. | <i>True or False?</i> |
| It's not safe for me to do it. | <i>True or False?</i> |
| I can't do it at all. | <i>True or False?</i> |

4 If you haven't answered *True* to any of the questions, try the test again with another activity from the list and so on, until you've found a statement that is true or decided that there aren't any.

5 If the answer is *True* to *any* of the questions in relation to *any* of the activities listed then you may be entitled to DLA, because they are all reasons why you might 'reasonably require' help or supervision, even if you don't get it or want it. Whether you are actually eligible for DLA, and at what rate, will depend on factors such as how many activities you have problems with and which ones they are.

If the answer wasn't true to any of the questions it doesn't mean you are definitely not eligible for DLA, you should try to get advice from one of the agencies listed in the *Help!* section.

Should I claim?

DLA can definitely make a big difference. It can give people back some of their feelings of independence and control. It may make you feel that the problems that you face are being recognised and taken seriously by society. Even at the lowest rate, £14.90 a week from April 2002, DLA can provide very useful extra income. And because you can spend your DLA on anything you choose, it can also bring about a real improvement in your quality of life. Here's what some people have told us about the effect of being awarded DLA:

'DLA has got me to Turkey, France, Wales, Scotland, London, etc. In other words – a new life'.

'As a result of getting DLA I also qualified immediately for income support, so now I get free prescriptions for all my medication'.

'Since getting DLA my confidence has definitely improved'.

'DLA pays for me visiting the hairdresser once every six weeks and has made me "rich" enough to be generous, i.e. the odd bunches of flowers for friends'.

'Getting DLA makes it easier for me to travel a lot more, because I can go by taxi'.

'The knock-on effect of getting DLA has been lower levels of stress and anxiety about everyday necessities'.

'Before I got DLA I didn't have enough to live on, so it has made an enormous difference to my life. I now feel more independent too and life has become less of a struggle'.

'Since getting DLA I feel more dignified being able to pay for help'.

Getting support

However, before you make a claim you need to think carefully about whether this is a good time to do it, particularly if you're involved in any sort of personal crisis, as many people find the process of claiming DLA distressing in a number of ways. You should definitely think about any ways in which you can get support from other people.

Emotional support This may come from friends, relatives, carers or people you know who are also disabled or experience health problems and have perhaps claimed DLA themselves. Consider letting people close to you know that you are making a claim, and that you would appreciate their support. You could explain to them that many people find the process of claiming DLA upsetting in a number of ways.

- Completing the claim pack can be a long and hard task. It can force you to think about the things you find difficult to do rather than being positive about the things you can do.
- You may be visited at home by a DWP doctor, something which many people find quite stressful. (But see *Will I get a medical visit?* for ways you can prepare for this).
- Your own doctor may not support your claim in the way you thought s/he would.
- Your claim may not be successful and you may be left feeling like people think you were lying.

- If you are unhappy with the decision you may decide to appeal, a process that could take many months or even years and which may involve you having to talk about very personal matters to strangers at a tribunal. All this with no guarantee of success.
- Even if you are happy with your award it may only be for a limited period, perhaps as little as one year, and then you will have to go through the claim process again.

Professional support As well as emotional support you may be able to get some professional support. This may come from an advice centre if you need help completing the form and possibly a solicitor or law centre if you are not happy with the decision on your claim, (see the *Help!* section). Health and care professionals such as your GP, consultant or social worker, if you have any of these, may be able to support you by writing letters to accompany your claim. You can find out more about this in the section on *Including supporting evidence*.

Before starting your claim

Take control – keep a Claim File

A claim file is just a folder, or a ring binder, in which you keep notes and copies of everything to do with your DLA claim, but it can save you months of frustration and lost benefits if the DWP either lose or shred your records.

What to keep in your claim file.

1 Keep a photocopy of everything you send the DWP.

Most especially, keep a photocopy of your completed claim form and keep it safe. We do know how difficult and expensive this can be, but if you don't you may regret it because:

- Your claim form may be lost by the DWP – it does happen.
- Records of telephone calls, letters from you and your claim form will be shredded by the DWP. The Department say that they do this because of their duties under the Data Protection Act, which came into force for benefits claims in 2001. But many welfare rights workers feel that the Department have interpreted the act in a way which saves the them money and disadvantages claimants. Shredding may happen within a few months of documents being received. The longest the department is now likely to hold onto your claim pack is fourteen months.
- Even if your claim is successful the award will either be for a limited period, perhaps as little as one year and you'll have to apply again towards the end of that period, or it will be for an indefinite period but it may still be reviewed every few years. Having your previous claim form to refer to may save you a great deal of time.
- If you're not happy with the result of your claim it will be harder to challenge the decision effectively without a copy of your original form.

2 Keep every letter you receive from the DWP.

Put them all in a folder in date order along with copies of letters you've sent them. (We had one client who was able to claim thousands of pounds in backdated benefits because he had kept copies of letters right from the beginning of his claim).

3 Keep a note of any phone calls to or from the DWP.

Ask for the name of anyone you speak to and keep a note of it, along with the date and the subject of the call. For example:

16.2.02 Spoke to Gemma at the DLA Unit. She said they have received my consultant's letter.

Try not to feel embarrassed or awkward about this as DWP staff are used to giving their names. In the very unlikely event that anyone refuses to give you at least their first name and the section they work on, ask to speak to their Supervisor.

At the end of this guide you will find a *Claim file record sheet* which you can use for making a note of calls and letters.

Starting your claim

In order to start your claim you need a claim pack.

The best way to get one is to make a freephone call to the Benefits Enquiry Line on 0800 882 200 (8.30 am to 6.30 pm Monday to Friday and 9.00 am to 1.00 pm on a Saturday) and ask them to send you a DLA claim pack.

You should then be sent a DLA claim pack with two dates stamped on it. The first is the date you asked for the form and the second is the date, six weeks later, by which you should return it. (Which means you have to post it several days before that date). If they receive it after the six weeks your claim is still valid, but it starts from when the DWP get your form back instead of the date when you first asked for it.

While you're waiting for your claim pack to arrive you might want to consider keeping a diary, (see *Including supporting evidence*). Once your claim pack does arrive, move on to the following page – *Completing section one*.

Completing section one

Some people prefer to fill the form in with a pencil first. Others just get stuck in – it's up to you. We will take you through each section of the DLA form page by page so you will need the form open in front of you, beginning with section 1.

Pages 1-9.

These are factual questions about your name and address, where you would like to cash your benefit book, other benefits you receive and whether you are, or have been, in residential care or hospital. This is the one bit of the entire pack that we can't really help you with.

Page 10

What are your illnesses or disabilities?

List all your health conditions. As well as physical conditions, include any emotional or mental health problems such as depression or anxiety. Your entitlement to DLA is based on the combined effects of ALL your health problems, so make sure you put them all down. (But this guide only deals with physical conditions, you can download a free guide to DLA and mental health from www.bhas.org.uk).

What medicines, tablets or other treatments have been prescribed for your illnesses or disabilities?

List all the medication you have been prescribed, how much you take and how often. If you wish, also list other, non-prescribed, medication that you use. In addition list any treatment such as physiotherapy, or special diets or diet supplements. If in doubt, mention it.

Who would you like to tell us about your illness or disabilities?

Give details of the professional person who you think knows most about the way your condition affects your everyday life. This can be your GP, specialist, occupational therapist, health visitor, district nurse, care worker, etc. Make sure you tell that person that you have given their name and that you explain to them in detail the problems that you have in relation to everyday activities. But please don't assume that the DWP will contact this person – they may well not, particularly if it is someone other than your GP.

Page 11

Your family doctor or GP

You have to include details of your GP on the form. Please don't assume your GP knows all about the problems you have with things like walking, dressing or washing – you may never have told them or they may not have made notes at the time. People are often astonished by what their GP writes about them. So make an appointment to give your GP an up-to date picture of your problems as soon as you've completed this form and BEFORE they are contacted by the DWP. You may want to look at the section on *Including supporting evidence* and the *Health professionals' sheet* before you see your GP. You should also warn your GP that the DWP may contact them.

Your hospital doctor or specialist

Give details of all the hospital doctors or specialists you have seen in the last 12 months, for any conditions you have. If there isn't room to list all of them here put them on an extra sheet. However, it's extremely unlikely that the DWP will contact any of them.

For people on kidney dialysis

Only complete this if it applies to you.

Page 12

Claiming under the special rules

The special rules relate to people who are terminally ill and where death is expected within the next six months. In these circumstances you automatically qualify for the higher rate of the care component without having to show that you have any care needs. But if you wish to claim either of the mobility components you still have to show that you meet the criteria for those in the ordinary way. There is a leaflet that comes with the claim pack which explains how to claim under the special rules or you can call the Benefit Enquiry Line which is listed in the *Help!* section.

What to do now

If possible fill in sections 2 as well and send them both in together. (Tick box 1)

But if you are getting close to the 6 week deadline, send in this section on its own and section 2 when you have completed it. (Tick box 2)

We would not advise you to get help from the DWP filling in the form (Box 3), as the person you speak to is unlikely to have any specialist knowledge of your condition.

We would also not advise you to ask for a DWP doctor to visit (Box 4). But you may have to have a visit from one in any case, see *Will I get a medical visit* for further details.

Page 13

Declaration

Read the declaration carefully before you sign it

Statement from someone who knows you

You can ask absolutely anyone who knows you and who knows you are ill to fill in this part. This could be, for example, your partner, your carer, a friend or neighbour who drops in or anyone else who knows you are ill.

Congratulations! You've completed section 1.

Before you begin section two

Section two is the longest and hardest section and you may want to do it a bit at a time over a period of days. If possible read through the notes below, which are divided into four parts, before you begin:

1. General tips on completing section two.
2. How to fill in the main boxes.
3. How to fill in the smaller boxes.
4. How to explain fluctuating conditions.

And don't worry if you can't remember everything we tell you - we'll be giving you frequent reminders as you go through the form.

1 General tips

When you're filling out the DLA form you don't need to worry about handwriting, spelling, punctuation, grammar or staying inside the boxes. Do whatever works best for you, including any or all of the following:

- write in note form;
- write in bullet points;
- write outside the boxes and up the side of the page if you can't fit everything inside the boxes;
- write on additional sheets of your own paper, but if you do so always:
 - write your name and national insurance number across the top of each extra sheet;
 - staple it to the last page of the section you're completing.

The important thing is to *make the form fit your condition, rather than trying to make your condition fit the form.*

Also, don't worry about repeating yourself. Whoever designed the DLA forms obviously felt that if a thing's worth saying it's worth saying at least half a dozen times. So repeat yourself as many times as the form requires. It's very boring, but it *is* necessary.

2 How to fill in the main boxes.

Section two of the form asks about various everyday activities. On most pages there is a main box for describing the problems you have and smaller boxes for saying how long you need help for, how often each day or night and how many days a week.

For many of the main boxes we recommend you use our four-step system to ensure you give detailed and relevant information. You may not always use the four steps in the same order as we suggest, but do try to make sure you include all the information.

Step 1

Say what causes the problems with the activity

Decision Makers are very fond of saying that claimants could do things if they chose, they just prefer not to. So make it clear, in your own words, that the reason you have problems is not about personal choice, but because of your health condition or because you are disabled. For example:

I have problems with this activity because of my arthritis.
I have problems with this activity because I have epilepsy.

I have problems with this activity because of back pain.

If there is more than one reason why you have problems then say so:

I have problems with this activity because of my inflammatory bowel disease and the medication that I have to take.

I have problems with this activity because of my arthritis and my angina.

You might get fed up with having to repeat the same thing on every page you complete, but it really is worth doing.

Step 2

Say what the problems are – in detail

Give as much information as you can about the problems you have. For example:

I have problems with washing and bathing because of my arthritis. I can't stand for long in the shower because of pain in my legs, feet and back. I have tried putting a stool in the shower to sit on but it was too cramped and I almost fell trying to stand up again. I need help getting in and out of the bath because it is painful stepping over the edge of the bath and I am very unsteady on my feet. Washing my hair causes a great deal of pain in my arms and shoulders and there are many days when I cannot do it at all. Washing my feet causes pain in my lower back and I cannot reach behind me to do my back, even with a long brush, because of the pain in my arms shoulders and neck. Drying myself is extremely painful, I cannot bend enough to do my calves and feet.

Step 3

Give an example

This could be:

When you tried to carry out the activity and it went badly wrong:

About three months ago I tried to have a bath when there was no-one else at home. I managed to get in the bath but I slipped and fell while trying to stand up to wash my torso. I was not badly hurt, but it left me feeling terribly shaken thinking how much worse it could easily have been.

A recent attempt to carry out the activity which was not successful:

Last week I tried to wash my hair by myself because I didn't want to disturb my partner. I was in so much pain by the time I finished that I had to take extra pain killers and I was unable to do anything for the rest of the day.

If you never attempt the activity alone anymore, say how long it has been since you did so:

I have not a bath or shower without someone to help me since I fell in the bath about three months ago.

Step 4

Say how someone could help

To get DLA you need to show that you 'reasonably require' help or someone to watch over you. You don't have to show that you actually get, or want, help – just that it would be reasonable for you to have it. But if you have problems with activities and there's nothing anyone can ever do that would make the slightest bit of difference, then you may not be entitled to DLA. So always try to show a way in which someone could help.

If someone is with me they can help me in and out of the bath and wash my hair and back and feet for me.

3 How to fill in the smaller boxes

Section 2 also asks you to say how many days or nights a week, how often each day or night and how many times a day or night you need help with each activity. Your answers will affect what rate of the care component you may be eligible for. We explain the rules below, but the important thing to remember is just to fill in the form in as much detail as possible and without underestimating the problems you face. If the amount of help you need varies, see 'Fluctuating conditions' below.

How long on average do you need help for during the day

Remember when we talk about help you 'need', you don't actually have to be getting help - or even want to get help - what is important is whether it would be reasonable in view of your health condition, for you to receive this help.

If you need help for *at least an hour* a day in total you may qualify for the lower rate. It doesn't matter if this help is needed all in one go or partly in the morning and partly in the evening. So if you need help for 40 minutes in the morning with getting up, washing and dressing and 20 minutes in the evening to get you to bed, this may be enough for you to get lower rate care.

To get the middle rate you have to show that you need help frequently throughout the day. So you have to need help with things in the morning, during the day and in the evening as well. There is no clear definition of what amounts to 'frequent' in this connection, except that it needs to be more than once or twice. But it doesn't necessarily matter if most of the help is needed in the morning and evening, with much briefer amounts of help during the day. Each case should be looked at individually to decide whether it meets the criteria. So it's important that you not only give details of all the help you need but also, if possible, when you need it. We suggest one way of doing this when we look at completing page 21 of the claim pack, *More about the way your illness or disabilities affect you*.

How long on average do you need help for at night

You have to need help for *at least 20 minutes* a night, or at least *twice* a night, for it to count. If you only need help at night you may get the middle rate care component. If you need help during the day *and* at night you may get the higher rate care component.

How many days / nights a week

As a general guide, if you need help less often than *four or five days / nights* a week you will be less likely to qualify for DLA. One exception to this is the cooking test: see *Completing section 2: page 12, Preparing a cooked main meal for yourself*.

How many times a day do you need help

As we said above, for lower rate care it doesn't matter how many times, but for the middle rate it needs to be '*frequent*' which has, rather unhelpfully, been defined as several times.

How many times a night do you need help

As we said above, at night it needs either to be once for at least twenty minutes or it needs to be at least *twice* a night.

4 How to explain fluctuating conditions

Your condition may be one that varies from day to day, week to week or month to month. People often find this a real problem when filling in a DLA form. We suggest that you explain how you are on your bad days and then how you are on your 'better days'. (Please note that if you use expressions like 'good days' or 'normal days' it may be assumed that these are days on which you have no problems whatsoever). So, for example you might say:

On bad days I cannot get out of bed at all because of my arthritis. On better days I can only get out of bed with help from someone else.

If you have very few (or no) days when you can get out of bed easily, then you can reasonably say that you need help seven days a week.

Be careful not to underestimate your condition. Are your 'better days' actually free of problems, or just relatively so by your standards? It may be that, for the purposes of claiming DLA, you have to accept that you don't really have any 'good days' at all – you've just learnt to deal positively with your condition. Having to think about this may be very distressing for you, so please make sure there is someone available to offer you support if you need it.

If you do have periods when you do not have problems with an activity then average them out as follows:

If your condition varies from day to day

Decide on average how many difficulty free days a week you have. If it's only 1 or 2 then you need help 5 or 6 days a week. (If you need help for fewer than 4 or 5 days a week it is less likely you will be awarded DLA).

If your condition varies from week to week

Again average it out. If you have about one good week a month that's a bit less than a quarter of the time, so you still need help on an average of 5 to 6 days a week.

If your condition varies from month to month

If you have long periods of remission then you should decide whether you have no problems at all during the periods of remission or whether you still suffer from some problems. If you do have periods of months when you have no problems, you are less likely to be eligible for DLA during those periods.

Pages 1 & 2

Ready to begin section 2? Remember you don't have to do it all in one day – take your time and you'll probably make a better job of it. And do please remember that this guide covers many different conditions and you may have very few of the symptoms or problems we list. This does not mean that you are not eligible for DLA. But do try to check what we say about each activity: you may be surprised at how much does apply to you.

Page 1

About you

Read through the notes and fill in your details (again).

Page 2

About you – continued

Tick any of the boxes that apply to you.

If you suffer from depression, anxiety or something similar, as well as a physical condition, also tick the box saying: *You have a mental health problem.*

Page 3 Walking outdoors

Do you have physical problems walking?

This page relates to the higher rate of the mobility component. Only tick No if you have read the examples on the form and read the box below and decided you don't have any such problems.

Note, if:

you are unable to walk at all, for example because of a spinal injury;

you are both deaf and blind;

you have no feet;

you are severely mentally impaired, in receipt of higher rate DLA care and, because of behavioural problems, regularly require physical restraint to prevent you harming yourself or other people;

you will be entitled to higher rate mobility. Tick the yes box and give details in the box below.

Describe in your own words the problems you have and the help you need with walking

The walking in question needs to be outdoors, but on level ground, not steep hills. However, you can give details of problems you have with ordinary hazards such as kerbs and uneven pavements.

We don't use the four-step system for this page. Begin by explaining what health condition, arthritis for example, causes your problems with walking. Then explain how your health condition affects your walking. Do you experience severe discomfort or pain in your feet, legs or lower back for example? Do you get fatigued after only a short distance? Do you get breathless? Can you walk but only very slowly. Do you have problems lifting your feet off the ground so that you shuffle rather than walk. Can you only use one foot, so that you have to swing yourself along on crutches or use a walking frame?

What effect does walking have on you after you have done it? For example, do you get so exhausted that after walking anywhere you have to go to bed? Or are you in pain the next day and unable to move around at all?

Tell us about anything you use to help you walk

Do you use a walking stick or walking frame? Remember that if using the equipment means you no longer have difficulties, then that activity won't count towards your DLA entitlement. So if

you still need help or experience pain even though you use this equipment, then explain this very clearly.

If the effort of walking would be dangerous for you, tell us about this

You are eligible for the higher rate of the mobility component if the exertion required to walk would lead to serious danger to life or a serious deterioration in your health. If the deterioration in your health would only last for a few days then it is less likely to be considered sufficient. Examples might be if walking could bring on a severe asthma or heart attack.

Tell us roughly how far you can walk before you feel severe discomfort

(There is no precise definition of severe discomfort except that the law says it is less than severe pain). Can you walk at all on your worse days? Are you in severe discomfort all the time when you walk or does it begin after a certain distance? People tend to have difficulty estimating distances so, if possible actually measure how far you can walk before you are in pain or severe discomfort. As a last resort count how many paces you can take and then measure your pace.

The case law on what distance you can walk and still be eligible for higher rate mobility is constantly changing as different Social Security Commissioners make different decisions. For a long time people who couldn't walk more than 100 yards stood a good chance, but more recently awards were unlikely for people who could walk more than 50 yards. However, a Commissioner has recently reminded tribunals that they are not supposed to just consider how far people can walk, but also other factors including, the speed at which you walk, the manner in which you walk and how long you have to rest for before you can walk again. Legally, there is no set distance for eligibility for higher rate DLA – you might be able to walk 400 yards and still qualify if, for example, it took you a very long time to do so. So if you have difficulties walking, no matter what the distance, complete this page – by the time your claim is decided the law might have changed again.

Tell us how long on average it takes you to walk this far

Try actually timing yourself (and don't rush) rather than just guessing. Remember this is an average, so take into account your worse days. If you have to stop after walking this distance, how long do you have to stop for before you can carry on walking? Include this information alongside this box. For example "5 minutes. But then I have to stop and rest for another 5 minutes before I can carry on."

How many days a week do you have this amount of difficulty walking?

If you always have these difficulties walking then the answer is 7 days even if you don't walk outdoors very often. If there are days when you wouldn't have difficulties walking then give an average. Under 5 days a week is less likely to count.

Page 4 Having someone with you when you are outdoors

Do you need someone with you when you are outdoors?

This page is about entitlement to the lower rate of the mobility component. Only tick No if you have read the examples on the form and read the box below and decided you don't have any such problems. If you need someone with you because of your mental health, for example because you experience panic attacks when outdoors, tick Yes and give details in the box below. There are details of our separate guide to DLA and mental health in the *Help!* section.

Describe in your own words the problems you have and the help you need when you are outdoors
Although the form does not make it clear, this page is about problems you have when you are walking outdoors in unfamiliar places, not on routes that you are used to. So, for example, if you have a visual impairment you may be fine going to work or the shops because you have done the journey many times and know the likely hazards and obstacles. But if you had to go somewhere unfamiliar, the High Street of a strange town, perhaps, would it be reasonable for you to have someone with you to, for example, warn you of hazards?

You may need someone with you because, for example:
you sometimes have falls and are unable to get up without help;
you have fits and need someone to monitor your condition and help you to stay safe, recover from a fit and continue walking afterwards.

A change in the law in April 2002 means that if you don't walk outdoors alone in unfamiliar places because of 'fear or anxiety' related to your physical (rather than mental) health, this will not entitle you to an award of lower rate mobility. So, for example, if you don't go to unfamiliar places alone because you are afraid of having an episode of incontinence or an attack of breathlessness, this won't count. If, however, your fear or anxiety is so severe that your doctor's diagnosis is that it amounts to a mental health problem, such as agoraphobia, then you may be eligible for lower rate mobility on the basis of fear or anxiety related to your mental health. But if this is not the case, then it's best to avoid using words like frightened or anxious and to concentrate on the practical ways in which someone can help you.

Caution!

The decision maker may argue that while you find it reassuring to have someone with you, you don't actually need them to be there. Try to make it clear what the person does, or is on hand to do, or explain why you would not have the confidence to go out without someone. If you don't have someone to help you and you have to manage on your own, try to think how having someone with you would make things less difficult.

Remember, you don't have to actually get this help, you just have to 'reasonably require' it. For example:

If you have epilepsy, are you too anxious to go out alone in unfamiliar places in case you have a fit? Or do you need someone to monitor your condition and to keep you safe and help you recover if you do have a fit?

If you have arthritis or a back problem which causes falls, are you too anxious to go out alone in unfamiliar places in case you have a fall? Or do you need someone to provide support if you stumble or help you get up and recover if you fall?

If you have ME or CFS, are you too anxious to go out alone in unfamiliar places in case you become too exhausted to get home again? Or do you need someone to support you if you become suddenly fatigued and help you to find somewhere to rest and recover?

If you are deaf, are you too anxious to go out alone in unfamiliar places because English is not your first language and you are worried about getting lost or having to communicate with hearing strangers? Or do you need someone to help you to ask for directions on unfamiliar routes and warn you of hazards that you cannot hear, such as approaching traffic?

If you have a bowel disease are you too anxious to go out alone in unfamiliar places in case you have an episode of incontinence? Or do you need someone to help you cope with the distress of an episode of incontinence whilst you are outdoors in an unfamiliar place?

If you have a visual impairment, are you too anxious to go out alone in unfamiliar places because of dangers from traffic, tripping and other hazards? Or do you need someone to warn you of hazards such as oncoming traffic and bicycles and to help you find your way?

How many days a week do you need someone with you when you are outdoors?

If you don't go out much because of your condition that's not the point. If you would like to go out every day, then the question you should answer is how many days a week would you need help in order to do so? If you would need help every day then the answer is 7 days. If there are some days when you would not need help then give an average.

Page 5 Falls or stumbles

Do you sometimes fall or stumble, even in places you know well because of your disability or the effects of your medication?

If you experience falls you may be eligible for DLA on the basis of needing continual supervision to avoid danger. Alternatively, you may need attention with specific activities such as using stairs, getting out of chairs or getting out of the bath which will count towards your DLA entitlement. Falls are also relevant to having someone with you when you are outdoors, so make sure you give details on the preceding page too. Only tick No if you have read the examples on the form and read the box below and decided you don't have any such problems.

Why do you fall or stumble?

Explain what health condition causes the falls. For example, is it a visual impairment which means you don't see obstructions, arthritis in your knees which means they sometimes give way, extreme fatigue caused by ME or CFS, or dizziness caused by low blood pressure? Or is dizziness or unsteadiness a side effect of medication you are taking? If you haven't had any falls, but are worried that you might, you need to explain very clearly the reasons for your worries.

Tell us where you might fall or stumble

Do you mainly fall indoors or outdoors or both? Is it only on uneven surfaces, sharp inclines or steps or stairs that you fall, or are you likely to fall on flat, even surfaces as well?

Caution!

If your falls only occur indoors, the decision maker may argue that you should remove or pad all sharp or hard edges so that the risk of injury if you fall indoors is small. Is this a reasonable requirement in your case? If not, explain why in the box below. For example, "*I cannot make my home safe to fall in because there are there too many sharp edges on walls, work surfaces, fireplaces, furniture, television set, windowsills, sinks, toilet cistern, doors, door handles, fridge, cooker, chairs, tables, etc. for it to be practical to pad them all and I cannot remove these items because I need them. I don't know what materials I could use for padding, particularly on surfaces that get hot or wet or need cleaning regularly for hygiene reasons. I don't know who would carry out the work to a sufficient standard for free and I could not afford to have it done.*"

Is there a pattern to your falls? For example, do they occur mostly in the morning when you first get up, only when you reach up to high shelves or are they entirely unpredictable? The less predictable your falls the more likely you are to need attention or supervision.

Caution!

If your falls are predictable, the decision maker is likely to argue that you can avoid the activities that cause falls or take precautions to reduce the likelihood of injury. For example, if you only fall when reaching into high cupboards the decision maker is likely to say that you should simply avoid this activity. However, the decision maker should not suggest that you take unreasonable precautions, such as staying in the same chair or same room all day or wearing a crash helmet.

Describe in your own words the problems you have and the help you need when you fall or stumble.

Can you get up without help after a fall and if so, how long does it take you? If you can't get up at all without help, or it takes a long time, then you are more likely to need attention or supervision.

Is there anything that makes falling particularly dangerous for you? For example, do you have osteoporosis, so that even a minor fall could lead to broken bones? If this is the case, you are more likely to be judged to need help or supervision even if the risk of falling is a small one.

Have you suffered any injuries as a result of falls? If so give details.

What help can someone give you when you fall or stumble? Can they steady you so you don't fall in the first place? Help you to your feet if you do fall? Help you recover from the effects of falling?

Caution!

Decision makers are fond of suggesting that if you fall because, for example, your knee gives way, you should use one or two walking sticks and this will prevent you falling. Would sticks prevent you falling? Do you get enough warning and could you support your weight on your arms? If sticks would not help, say so in this box.

Tell us roughly how often you fall or stumble

Remember to include falls and stumbles indoors and outdoors. The more frequently you fall and stumble and the more recently it has happened, the more likely you will be considered to need attention or supervision.

Is there any supporting evidence you can provide for your falls or stumbles? For example, have you ever injured yourself and had to go to the doctor or to casualty? If so, give details and, if available, a copy of the record of your visit there. Has anyone seen you fall or had to help you up after you've fallen? If so, would they be prepared to write a letter confirming what happened? (See *Including supporting evidence*).

Claiming under the special rules

The special rules relate to people who are terminally ill and where death is expected within the next six months. In these circumstances you automatically qualify for the higher rate of the care component without having to show that you have any care needs. But if you wish to claim either of the mobility components you still have to show that you meet the criteria for those in the ordinary way. There is a leaflet that comes with the claim pack which explains how to claim under the special rules or you can call the Benefit Enquiry Line which is listed in the *Help!* section.

Page 6 Moving about indoors

Do you have problems moving about indoors?

Only tick No if you have read the examples on the form and read the two boxes below and decided you don't have any such problems.

Does someone have to tell you or encourage you to move about indoors?

Do you need encouragement to move about because you find it painful to do so? If so tick Yes and give details in the box below. If you need encouragement or reassurance to move about because you experience depression, anxiety, panic attacks or some other sort of mental health problems also tick Yes and give details in the box below. Information about our separate guide to DLA and mental health is in the *Help!* section.

Describe in your own words the problems you have and the help you need moving about indoors.

Note: indoors can include your home and your workplace, school or college if you attend one. If you need help moving around indoors when you are pursuing leisure activities, such as going to the cinema or a restaurant, give details of these in the '*Help you need when you go out . . .*' section on page 19 of the form.

Moving about: do you have to hold onto furniture and lean on walls as you move about indoors? Do you need support from another person? Do you have to move very slowly? Do you need someone to open and close doors? Do you need someone to push or manoeuvre your wheelchair?

Stairs: do you have to stay downstairs, or upstairs, all the time because you can't use stairs? Do you have to be carried up and down stairs? Is it difficult/painful/exhausting going up or down stairs? Do you need someone to support you? Do you need someone with you in case you become dizzy or unsteady on your feet? Do you have to go very slowly, one step at a time? Do you need someone to help you on or off a stairlift?

Getting out of chairs and off sofas (and in and out of bed if you have periods when you stay in bed for a large part of the time) : Do you take a long time to get in or out of chairs? Do you need someone to help you off chairs and sofas? Have you developed special techniques such as rolling off sofas onto your knees? Do you have to hold onto things to get upright? Are you sometimes too exhausted to get up? Is rising from sitting painful? Do you ask people to fetch you things like books, cups of tea or sweaters because it is too difficult or painful to get up yourself? Do you need someone to help you transfer to or from a wheelchair? If you generally stay in bed during the day, give details here of any help you need getting in and out of bed during the day.

Remember the four steps

Step 1 Say what causes the problems with this activity

Step 2 Say what the problems are. Give details of: pain; fatigue; stiffness; breathlessness; lack of strength; slowness; mobility problems; being in danger.

Step 3 Give an example

Step 4 Say how someone can help

Example

"Because of my arthritis I find it difficult and painful to get up from chairs and sofas unless someone pulls me up. I can go upstairs, but only very slowly and with a lot of throbbing pain in my legs and back which continues for up to an hour after I've climbed the stairs. I can't come down stairs safely as my knees sometimes give way without any warning. If there is no-one to hold onto I come downstairs on my bottom. I walk to the kitchen and toilet and back, but slowly and with throbbing pain in my legs and back. If I move about the house much in the day it leaves

me feeling exhausted and I sometimes have take additional pain killers, although I don't like doing this. About three weeks ago I fell on the floor whilst trying to get up from the sofa without help. I had to pull myself up holding onto furniture. It took about 2 minutes to get to my feet. I wasn't injured, but it left me feeling very shaky and upset and damaged my confidence. If someone is with me they can help me on and off chairs and support me on the stairs."

Tell us about any ways your home has been adapted or any equipment you use to help you move about indoors. Tell us if someone helps you to use the equipment.

This might include stair rails, raised chairs, grab bars or furniture arranged so that you can lean on it. Did you do this yourself, or did an organisation such as social services put these adaptations in for you? If they did, can you contact them and ask for a copy of the report they wrote on why you needed the adaptations? You may be able to use it as evidence for your claim. Remember that if using the equipment means you no longer have difficulties, then that activity won't count towards your DLA entitlement. So if you still need help or experience pain even though you use this equipment, then explain this very clearly.

How long on average do you need help moving about each time?

This is a difficult question to answer. One possibility is to write a detailed list of the times for different activities, e.g.: 'Going up or down stairs, 10 minutes; getting to or from the kitchen, 5 minutes; getting on and off chairs 1 minute'. Or, in this example, you could give an average of 5 minutes. Alternatively, give a range of times to cover all the different activities, e.g.: between 1 and 10 minutes.

How many days a week do you need help moving about indoors?

If you always have difficulties with at least one of these activities, e.g. going upstairs, then the answer is 7 days. If you only need help for part of each day, perhaps just the mornings or evenings, the answer is still 7 days. If you only need the help on bad days try to give the average number of bad days a week. Under 5 days a week is less likely to count.

How many times a day do you need help?

Do you have to get up and down a lot because of pain or stiffness? Do you have to go to the toilet frequently because of bowel or bladder problems? Count all the times you need help with each activity and add them all together. You may choose to count going upstairs and downstairs as separate activities, likewise with getting in and out of chairs and going to and from different rooms, unless you come straight back without a pause. You may need to keep a record for a day to discover just how many times you do carry out all these activities.

Page 7 Getting out of bed in the morning and into bed at night

Do you have problems getting out of bed in the morning and into bed at night?

Only tick No if you have read the two boxes below and decided you don't have any such problems. The form points out that night means when the household has 'closed down' at the end of the day. It suggests you give details of problems getting in and out of bed during the day on page 19. This is a mistake - it should read page 21. In any case, if you generally remain in bed during the day, you may prefer to give details on page 6 instead.

Does someone have to tell you or encourage you to get out of bed in the morning and into bed at night?

Are you sometimes too exhausted to get out of bed without someone to encourage you? Does someone – children, partner, neighbours - look in on you to make sure you have got up? If so,

tick Yes and give details in the box below. If you need encouragement or reassurance because you experience depression, anxiety, panic attacks or some other sort of mental health problems also tick Yes and give details in the next box. Information about our separate guide to DLA and mental health is in the *Help!* section.

Describe in your own words the problems you have and the help you need getting out of bed in the morning and into bed at night.

Getting out of bed: Do you spend a long time wanting to get out of bed but unable to because of pain, stiffness or the effects of medication which prevent you waking properly? Do you need medication or tea or something else brought to you before you can get out of bed? Does it hurt to move your limbs, to sit upright or put weight on your feet? Do you have to hold onto someone or something when getting in or out of bed? Do you have to get out of bed in stages, taking rests because of fatigue or stiffness and to gather your strength? Might you fall when you stand, perhaps because you are unsteady on your feet or because you get dizzy? Do you need help transferring to or from a wheelchair? Do you put on slippers and a dressing gown or other clothing rather than putting on your day clothes when you first get out of bed. If you need help with doing this either include the information here or make sure you include it in the *Getting dressed or undressed* section on page 11 of the form.

Getting into bed: Do you need help pulling back the covers, sitting on the bed, getting your legs into bed, arranging the covers and pillows once you are in bed? Do you need help transferring from a wheelchair to the bed?

Remember the four steps

Step 1 Say what causes the problems with this activity

Step 2 Say what the problems are. Give details of: pain; fatigue; stiffness; breathlessness; lack of strength; slowness; mobility problems; being in danger.

Step 3 Give an example

Step 4 Say how someone can help

Tell us about any equipment you use to help you get out of bed in the morning or into bed at night.

E.g. motorised bed raiser, walking frame by the bed. Remember that if using the equipment means you don't have difficulties, then this activity won't count towards your DLA entitlement. So if you still have difficulties even though you use this equipment then explain this very clearly.

How many days a week do you need help getting out of bed in the morning and into bed at night?

If you always have difficulties then the answer is seven days. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How long on average do you need help for each time?

Next time you get out of bed and into bed try timing it. Or if someone helps you, ask them to time it. If you have to wait for your limbs to become less stiff or for medication to wear off enough for you to become properly awake, then getting out of bed should include the time from when you want to get out of bed to the time when you are actually able to begin getting out of bed. Bear in mind that people without health conditions can get out of bed as soon as the alarm clock goes off. This is what you should be comparing your time to. Add together the time you need help to get out of bed in the morning and into bed at night and give this as an average, or give separate times for getting into bed and getting out of bed.

Page 8 When you are in bed

Do you have problems when you are in bed?

This is an important page. If you need help at night for a period of twenty minutes or twice or more then you may be eligible for the middle rate of the care component. Only tick No if you have read the examples on the form and read the box below and decided you don't have any such problems.

Describe in your own words the problems you have and the help you need

Do you need someone to bring you medication, drinks or anything else during the night?

Do you need help changing position or rearranging the bedding and pillows to prevent bedsores or to help with breathing difficulties?

Do you sometimes have an episode of incontinence and need someone to strip the bed, help you wash and change, put on fresh bedding and put the soiled bedding in to soak or wash?

Do you need a hot water bottle making for you during the night or painful areas of your body massaged?

Do you become distressed and need comfort and reassurance to help you go back to sleep? For example do you have a heart condition or breathing problems and wake up sweating and with a racing heart, making you anxious that you are about to have a heart attack or something similar?

Caution!

If you say that you need someone to bring you medication, drinks or anything else during the night the decision maker will suggest that these things can just be left within reach in case you need them. If there is a reason why this would not be practical you should explain why in this box. For example, you may not be able to take the medication or the drink without physical help or you may be too confused or distressed to do it for yourself.

Remember the four steps

Step 1 Say what causes the problems with this activity

Step 2 Say what the problems are. Give details of: pain; fatigue; stiffness; breathlessness; lack of strength; slowness; mobility problems; being in danger

Step 3 Give an example

Step 4 Say how someone can help

Example

I have problems when I am in bed because of bronchitis. I have to sleep propped up on pillows so that I can breathe properly. But in the night I slip down on the pillows and then I wake up hardly able to breathe at all. I can't sit upright again or rearrange my pillows without help. I also need reassuring and calming down in order to get back to sleep because I get very distressed. I often get very bad chest pains along with the breathlessness and I need to take medication in order to help with the pain. I can't take the medication on my own because I get too distressed and any movement just makes my breathlessness worse. If I need to go to the toilet during the night I have to have help getting there and back because the slightest exertion makes me breathless. In the past I have tried to manage to sit up again without waking my partner, but I never succeed and I end up just getting in a worse state than if I had woken her straightaway. I need my partner to help me sit up, rearrange the pillows, give me medication and reassure me.

Tell us about any equipment you use to help you when you are in bed.

This might be a bed raiser, special pillows, an alarm to summon help. Remember that if using the equipment means that you no longer have difficulties, then this activity won't count towards your DLA entitlement. So if you still have problems even though you use this equipment then explain this very clearly.

How long on average do you need help for each time?

Think about each of the problems you have at night and how long it takes to help you with each of them. You can then work out a figure that's roughly in the middle. Alternatively, decide which activity takes the longest, say 20 minutes to massage painful limbs, and then write "Up to 20 minutes". Or give a range of times, for example "Between 5 and 20 minutes".

How many nights a week do you need help when you are in bed?

If you always have difficulties then the answer is seven days. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a night do you need help?

If this varies give an average or a range. For example, "On average two times a night" or "Between one and four times a night" If you need help for less than twenty minutes or less than twice a night then it is less likely to count towards your DLA entitlement.

Page 9 Help with your toilet needs

Do you have problems coping with your toilet needs?

Only tick No if you have read the examples on the form and read the three boxes below and decided you don't have any such problems. (Note: coping with periods is listed on the following page, under *Washing, bathing and looking after your appearance*.)

Does someone have to tell you, remind you or encourage you to deal with your toilet needs?

If you need encouraging to use the toilet because it is painful or distressing for you, or you need reminding because you have an injury which means you cannot tell when your bowels or bladder are full, tick Yes and give details in the box below. If you need reminding, encouraging or reassuring in order to use the toilet because of phobias, anxiety, panic attacks or some other sort of mental health problem also tick Yes and give details in the next box. Information about our separate guide to DLA and mental health is in the *Help!* section.

Describe the problems you have and the help you need with your toilet needs during the day
(The boxes in this section are very small, remember to use a separate sheet if necessary).

Do you need someone to help or guide you to and from the toilet?

Do you have difficulty transferring from a wheelchair to the toilet and back again?

Do you have difficulty undoing and doing up buttons and zips; pulling trousers and underwear down and back up; getting on or off the toilet?

Do you sometimes not make it to the toilet in time because of continence or mobility problems?

Even if you do make it to the toilet in time are your bowel motions very violent, bloody or accompanied by a lot of mucus so that you have to wash or shower afterwards?

Do you have difficulty wiping yourself after a bowel movement?

Do you have problems cleaning the toilet afterwards?

Do you need someone to check your clothing after using the toilet?

Do bowel movements leave you exhausted and in pain so that you have to rest afterwards?

Do you need help with continence pads or a colostomy bag or something similar? For example, if you need help changing the bags during the day or if you have problems with leakage during the day, give details in this section in this box.

Caution!

The DWP very often argue that people who have difficulty getting to the lavatory or who suffer from urgency or incontinence could use a bottle or a commode (a chamber pot in a chair,

alternatives would be a bedpan, a potty, a portaloos or a bucket) instead. Would you need help using or emptying and cleaning a bottle or a commode? How would you wash and dry your hands afterwards? How long would you have to sit in a room with a used commode during the day and would it be reasonable to expect you to do so? If you don't think it would be reasonable to expect you to use a bottle or commode say so and, if possible, explain why. For example:

Please do not suggest that I should use a bottle or commode. I would find it deeply embarrassing and undignified have to sit in a room with a used commode or urine bottle during the day or night. It is accepted that prisoners in jail should no longer be forced to do such things and I do not believe I should be either. I would feel the same about having to use a commode or urine bottle in front of my partner or having someone empty a commode or bottle that I have used. I understand that, for DLA, attention to help someone carry on an ordinary life is attention that is reasonably required. Using a toilet is 'ordinary life' for an adult, using bottles and commodes is not. As long as I am able to use a toilet with help then I reasonably require that help.

Remember the four steps

Step 1 Say what causes the problems with this activity

Step 2 Say what the problems are. Give details of: pain; fatigue; stiffness; breathlessness; lack of strength; slowness; mobility problems; being in danger

Step 3 Give an example

Step 4 Say how someone can help

Example

I have problems with this activity because of my Inflammatory Bowel Disease. Many days I have to stay at home near the toilet all the time because I get violent diarrhoea without any warning. I often have to go to the toilet five or six times an hour. This leaves me completely exhausted, so that I can hardly stand or think straight. It also makes my anus so sore that I am in constant pain, especially when walking and sitting. Because I suffer from very violent diarrhoea the toilet often needs cleaning after I have used it, but sometimes I am too exhausted to do so. I also get extremely bad abdominal pains which can double me up and can make it very difficult for me to get to the toilet. Sometimes I don't make it to the toilet in time and I have to shower and change afterwards. I often get very upset and depressed when my IBS is at its worst, life doesn't seem worth living. If someone is with me they can help me to get to and from the toilet, help me clean up the toilet, wash and change if necessary and reassure me when I become very distressed.

Describe the problems you have and the help you need with your toilet needs during the night

Everything in the daytime box also applies at night. Decision makers are particularly keen on people using commodes at night, so do point out any reasons why this may not be practical or why you consider it unreasonable. As well as the issues listed in the daytime box, you might find having to empty your bowel or bladder distressing if you share a bedroom with your partner. This may be particularly the case if you have prolonged, frequent or noisy bowel movements.

How long on average do you need help each time during the day/night?

Include time getting to and from the lavatory, time needed to wash yourself and to clean the toilet if necessary. If you do use a bottle or commode but need someone else to empty and clean it, include the time taken to do that here.

How many days/nights a week do you need help with your toilet needs

If you always have difficulties then the answer is seven days/nights. If not then give an average which takes into account bad or worse spells. Under 5 days/nights is less likely to count.

How many times a day/night do you need help with your toilet needs?

If this varies, for example because you have bouts of diarrhoea, give an average or a range.

Please tell us where the toilet is in your house and about any special equipment you use to help you with your toilet needs.

The decision maker wants to know whether you have a toilet upstairs or downstairs or both. You also need to give details of any special equipment you use, such as a rail to hold onto when you get on and off the toilet. A bottle or commode also count as special equipment. Remember that if using the equipment means that you no longer have difficulties, then this activity won't count towards your DLA entitlement. So if you still have difficulties even though you use this equipment then explain this very clearly.

Page 10 Washing, bathing and looking after your appearance

Do you have problems washing, having a bath or shower, or looking after your appearance?

Only tick No if you have read the examples on the form and read the two boxes below and decided you don't have any such problems.

Does someone have to tell you, remind you or encourage you to wash or take a bath or shower?

If you need encouragement to wash or bathe because, for example, it is painful for you, tick Yes and give details in the box below. If you need encouragement or reassurance to wash or bathe because you experience depression, anxiety, panic attacks or some other sort of mental health problem, also tick Yes and give details in the next box. Information about our separate guide to DLA and mental health is in the Help! section.

Describe the problems you have or the help you need washing, bathing or showering or looking after your appearance. If you need to wash or bath or shower more than once a day, please tell us why. If you have bed baths, tell us how long they take.

Give details of any problems you have, or help you need, with:

getting to and from the bathroom;
removing clothes in order to wash or bathe;
turning taps on and off;
checking water temperature;
reading the labels on bottles and aerosols;
bending to the sink;
getting in and out of the bath or shower, including transferring from a wheelchair;
standing in the shower;
reaching down to wash, rinse and dry your legs;
reaching up to wash, rinse and dry your face and hair;
reaching behind you to wash, rinse and dry your back;
using a razor to shave your face, legs or underarms;
seeing to shave;
brushing your teeth or cleaning your dentures;
combing or brushing your hair;
cleaning your nails;
combing, brushing or styling your hair, including using a hairdryer;
seeing to do your hair;
putting on clothing after washing or bathing;
applying make-up;
checking your appearance;

using sanitary towels or tampons.

Do you have to have bed baths? Do you need to keep areas of your body dry or sterile? Do you need help to apply cosmetics because of a skin condition or scarring? Are you in danger of falling in the bath or shower? Do you have fits or blackouts which make bathing or showering dangerous?

Remember the four steps

Step 1 Say what causes the problems with this activity

Step 2 Say what the problems are. Give details of: pain; fatigue; stiffness; breathlessness; lack of strength; slowness; mobility problems; being in danger

Step 3 Give an example

Step 4 Say how someone can help

Tell us about any equipment you use to help you with washing, bathing or showering or looking after your appearance.

This could include rails to help you get in and out of the bath, a seat in the bath, a bath hoist or a walk in bath. Remember that if using the equipment means that you no longer have difficulties, then this activity won't count towards your DLA entitlement. So if you still have problems even though you use this equipment then explain this very clearly.

How long on average does it take you to wash or to have a bath or shower?

Remember this includes the time to get undressed, bathe or shower, dry and dress again and includes any time spent resting in-between or recovering afterwards.

How many days a week do you need help with washing, bathing or showering or looking after your appearance.

If you always have these difficulties then the answer is seven days, even if you don't manage to bathe or shower everyday but would like to. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a day do you need help with washing, bathing or showering or looking after your appearance?

Do you need to wash or bathe more than once a day, perhaps because of excessive sweating or incontinence or because bathing helps relieve pain in your joints or your back? If your condition varies give an average or a range.

Page 11 Getting dressed or undressed

Do you have problems getting dressed or undressed?

Only tick No if you have read the examples on the form and read the two boxes below and decided you don't have any such problems.

Does someone have to tell you, remind you or encourage you to get dressed or undressed?

Do you need encouragement to dress or undress because it is painful for you? If so, tick Yes and give details in the box below. If you need encouragement to dress, undress or put on clean clothing because you experience depression, anxiety, panic attacks or some other sort of mental health problem, also tick Yes and give details in the next box. Information about our separate guide to DLA and mental health is in the *Help!* section.

Describe the problems you have and the help you need

Give details of any problems you have, or help you need, with:

reaching down to put on or take off underwear, socks or shoes;
reaching up to pull on or take off vests, t-shirts or jumpers;
doing up and undoing buttons, zips, bra fastenings, belt buckles, braces or laces;
putting on and taking off outdoor clothing, such as coat, hat, gloves, scarf, outdoor shoes.

Do you need to dress or undress more than once a day because of, for example: excessive sweating; continence problems; changing dressings or other medical procedures; needing to sleep during the day? Do you have a visual impairment which makes it difficult for you to select clothes to wear, including making sure that they are clean, matching and appropriate to the weather and the occasion and that nothing is inside out or back to front?

Caution!

The Decision Maker may argue that if you have problems with fastenings such as buttons, zips, belts, laces etc. you should wear slip on shoes, trousers with elasticated waists and clothing with velcro fastenings. Do you have enough of such clothes and is it reasonable to expect you to go out and buy an entire new wardrobe in one go? Would you still have problems with these clothes? For example, would elasticated waistbands be painfully constricting; would it be difficult to get your feet into slip-on shoes? Give details in this box.

Remember the four steps

Step 1 Say what causes the problems with this activity

Step 2 Say what the problems are. Give details of: pain; fatigue; stiffness; breathlessness; lack of strength; slowness; mobility problems; being in danger

Step 3 Give an example

Step 4 Say how someone can help

Example

I have problems with this activity because of arthritis. I suffer pain in my arms upper back and neck when trying to put on anything with sleeves, such as shirts, jackets and coats and when pulling on t-shirts or jumpers over my head. Pulling on underwear, trousers, socks and shoes also causes pain in my back, neck and arms. I find the pain completely exhausting and often have to stop and rest several times while dressing. My son usually helps me to dress and undress, this doesn't stop it being painful, but it does make it less so. On days when he goes out before I am up I often end up wearing my dressing gown until lunch time because by then my limbs are less stiff and painful and I can manage to dress myself, though still with pain. If someone is with me they can help me put my arms in sleeves, pull clothing over my head, pull up trouser and underwear and do my socks and shoes for me.

Tell us about any equipment you use to help you get dressed or undressed.

Remember that if using special equipment means that you no longer have difficulties, then this activity won't count towards your DLA entitlement. So if you still have difficulties even though you use this equipment then explain this very clearly.

How long on average does it take you to get dressed or undressed each time?

Try timing yourself next time you get dressed and undressed. Remember to include any time spent resting if you need to do so.

How many days a week do you need help getting dressed or undressed?

If you always have difficulties then the answer is seven days. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a day do you need this help?

If you have to change during the day remember to include all these times as well. If you need help putting on and removing outdoor clothing include these times as well. If your condition varies give an average or a range.

Page 12 Preparing a cooked main meal for yourself

Would you have a problem because of your illness or disability if you prepared a cooked main meal for yourself?

If you can't prepare a cooked main meal for yourself then this by itself entitles you to the lower rate care component of DLA.

Remember, this is a hypothetical test: this means it doesn't matter whether you know how to cook or ever do cook. What matters is whether, if you had the ingredients, you would be physically and mentally able to carry out all the activities connected with cooking a main meal. And it's a traditional meat, or soya, and two veg. type of meal. Reheating something, making a sandwich or putting something in the microwave doesn't count as preparing a cooked main meal. But you can't include problems with doing the shopping in this test, you have to imagine that's already been done. (But see *More about the way your illness or disabilities affect you* for more about shopping).

Read what we've written below, and if there are any reasons connected with your condition that mean it would be difficult for you to prepare a cooked main meal tick Yes and give details in the box below. If you need encouragement to cook because you experience depression, anxiety, panic attacks or some other sort of mental health problems, also tick Yes and give details in the next box. There are details of our separate guide to DLA and mental health in the *Help!* section.

Describe in your own words the problems you would have and the help you would need if you prepared a cooked main meal for yourself.

Give details of any problems you have, or help you need, with:

choosing the ingredients;
making sure they are fresh and not past their sell by date;
reading labels, instructions and recipes;
peeling, or washing, and chopping vegetables;
using taps at the sink;
turning taps or knobs on the cooker;
opening cans;
putting pans on and getting them off the hob;
adding seasoning;
stirring and pouring;
timing the different tasks so everything is ready at once and nothing is burnt or underdone;
telling if water is boiling or simmering;
telling if fat or oil is the right temperature;
telling if food is properly cooked;
draining vegetables;
cutting up meat and vegetables ready to serve;
transferring food from pans to the plate;
putting the plate on the table or wherever you are going to eat.

Is it safe for you to handle hot pans or sharp knives? Would you be able to tell if a paralysed part of your body was in contact with a hot surface? Can you sit or stand safely at the cooker? Can you manoeuvre a wheelchair safely in your kitchen? Does the smell of food make you nauseous so you avoid cooking. Does heat in the kitchen make you dizzy? Give details in this box.

Caution!

Decision makers may argue that if you can't safely drain vegetables because, for example, you have arthritis in your hands and you are liable to drop a hot pan, then you should use a slotted spoon (a serving spoon with holes in it to allow water to drain away). The idea is that you put the vegetables in a pan of cold water on the hob and once they are cooked you can remove them from the pan to the plate with a slotted spoon without needing to handle the pan. If you would have any trouble with doing this, for example because you can't grip a slotted spoon either, then you need to say so.

Caution!

Commissioners have decided that the main meal does not include using an oven or a grill, any problems you have with these are likely to be ignored.

Caution!

Decision makers may argue that if you can't safely stand at the cooker for any length of time, you should use a perching stool. This is a stool with the seat sloping forwards so that your weight is partly on your feet and partly on your buttocks. However, while it may be reasonable to suggest that people should buy a slotted spoon for a pound or two, a good quality perching stool is likely to cost at least £50 for a basic model and over £70 for one with back and arm rests. You may wish to say on your form that you cannot use a perching stool because you don't own one (assuming you don't) and it is not reasonable to require you to buy one. (You should also explain if there are any reasons why you would have problems using a perching stool. For example, you might have problems getting on or off the stool; you might have dizzy spells or fits and would be in danger of falling off the perching stool; you might have difficulty putting the perching stool in position or there might not be room to use it safely in your kitchen.

Remember the four steps

Step 1 Say what causes the problems with this activity

Step 2 Say what the problems are. Give details of: pain; fatigue; stiffness; breathlessness; lack of strength; slowness; mobility problems; being in danger

Step 3 Give an example

Step 4 Say how someone can help

How many days a week would you have these problems?

If you would always have difficulties then the answer is seven days. If not then give an average which takes into account bad or worse spells. At the time of writing (July 2002) the Court of Appeal has decided that even if you only have difficulties with preparing a cooked main meal on one day a week, then you should be regarded as being unable to carry out this activity and awarded lower rate care. It is possible that this decision will be overruled at some time in the future. .

Page 13 At mealtimes

Do you have problems at mealtimes?

Only tick No if you have read the examples on the form and read the two boxes below and decided you don't have any such problems.

Does someone have to tell you, remind you or encourage you to feed yourself or have a drink?
Do you need encouraging or coaxing to eat because, you have a bowel disease or digestive tract disorder and you associate food with pain, discomfort and illness? Do you have special dietary regimes that you need encouragement to stick to? If so, tick Yes and give details in the box below. Do you get too depressed or anxious to be able to face eating or do you have an eating disorder or other mental health condition which causes difficulties with eating or drinking? If so, also tick Yes and give details in the box below. Information about our separate guide to DLA and mental health is in the *Help!* section.

Describe the problems you have and the help you need
Give details of any problems you have, or help you need, with:

holding and using cutlery;
cutting up food;
removing bones, fat or rind;
getting food from a plate or bowl and into your mouth;
drinking from a cup or mug.

Do you have a visual impairment which means that you need someone to tell you what food is on your plate or available in a canteen or café? Do you need someone to tell you where on your plate the food is and where on the table, sauce, salt, pepper, sugar, cutlery and drinks are? Do you need someone to check if you have spilt food or drink? Do you need someone to help you clean up if you have?

Have you suffered from malnutrition or weight loss as a result of not eating? Does it help if someone prepares food for you? Do you need help monitoring what you eat or reminding to eat or drink supplements?

If you are receiving parenteral nutrition or tube feeding: describe the process involved and any help you need with feeding yourself, keeping equipment sterile or supervising the process.

Remember the four steps

Step 1 Say what causes the problems with this activity

Step 2 Say what the problems are. Give details of: pain; fatigue; stiffness; breathlessness; lack of strength; slowness; mobility problems; being in danger.

Step 3 Give an example

Step 4 Say how someone can help

Example

Because of my visual impairment I need someone to help me at mealtimes. I need help to cut up my food and remove bones from fish and chicken. I need someone to tell me where food is on my plate and where my drink is. When I am at work I also need someone to tell me what is on the menu in the canteen and to help me collect my food and carry it to an empty seat at a table. I also need someone to tell me if I have spilt food or drink and to help me clean it up.

Tell us about any equipment you use to help you at mealtimes.

This may include cutlery with adapted handles or tube feeding equipment. Remember that if using special equipment means that you no longer have difficulties, then this activity won't count

towards your DLA entitlement. So if you still have problems even though you use this equipment then explain this very clearly.

How long on average do you need help for each time?

If someone helps you, how long do they spend doing this? If no-one does help you, how long do you think someone would need to spend with you at mealtimes?

How many days a week?

If you always have difficulties then the answer is seven days. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a day?

If you have to eat frequent small meals throughout the day make sure you include them all. If your condition varies give an average or a range.

Page 14 Help with medical treatment

Do you have problems coping with medical treatment?

Only tick No if you have read the examples on the form and read the two boxes below and decided you don't have any such problems.

Does someone have to tell you, remind you or encourage you to take your medication?

Do you need reminding to take your medication or food supplements because your concentration is poor or because you get very tired and forgetful as a result of, for example, ME? Do you need someone to monitor what you take? If so, tick this box and give details in the box below. If you need encouraging to take medication because you have a mental health condition which means you are forgetful or have poor concentration, also tick Yes and give details below. Information about our separate guide to DLA and mental health is in the *Help!* section.

Describe in your own words the problems you have and the help you need with medical treatment during the day.

Give details of any problems you have, or help you need, with:

taking the right medication at the right time, including reading labels, opening containers, measuring amounts; swallowing pills
applying creams or lotions;
changing dressings;
checking blood sugar levels;
administering injections;
administering enemas;
being massaged or having limbs manipulated;
seeing an occupational therapist;
following a medically prescribed exercise regime;
using an inhaler; having physiotherapy;
seeing a psychiatrist or counsellor;
having speech therapy;
understanding what a doctor or other health professional is saying.

Caution!

You may be having an 'alternative therapy', such as homeopathy, which the decision maker may not accept as medical treatment. However, an increasing number of alternative remedies are being recognised by the medical profession, so it is worth including details here if you have

problems or need help with it, particularly if the treatment was recommended by your GP. But in addition, give details on page 19, which is about social and leisure activities: if your alternative therapy is not accepted as medical treatment then it should be accepted as a leisure activity with which you reasonably require help.

Remember the four steps

Step 1 Say what causes the problems with this activity

Step 2 Say what the problems are. Give details of: pain; fatigue; stiffness; breathlessness; lack of strength; slowness; mobility problems; being in danger.

Step 3 Give an example

Step 4 Say how someone can help

Describe in your own words the problems you have and the help you need with medical treatment during the night

See the daytime box.

How long on average do you need help each time during the day/night?

If someone helps you, time how long it takes. If you have problems but manage alone, time how long it takes. At night, the help you need has to be for at least twenty minutes or at least twice a night to count.

How many days/nights a week do you need help with your medical treatment?

If you always have difficulties then the answer is seven days/nights. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a day/night do you need help with your medical treatment ?

If your condition varies give an average or a range.

Page 15 Someone keeping an eye on you

Do you need someone to keep an eye on you?

This is a very important page because you may be entitled to the middle rate of the care component if you need someone to keep an eye on you during the day or at night, or the higher rate if you need both. Only tick No if you have read the examples on the form and read the two boxes below and decided you don't have any such problems. If you need someone with you for reasons relating to your mental health – for example, because you might harm yourself, become distressed or wander off – tick Yes and give details in the box below. There are details of our separate guide to DLA and mental health in the *Help!* section.

Describe in your own words why you need someone with you during the day?

The reason you need someone with you must be to avoid substantial danger to yourself or to others.

Do you need someone with you during the day in case you fall, especially if you are unable to get up again or because you have a condition such as osteoporosis, so that the result of a fall could be very serious?

Do you have fits or blackouts, perhaps without any warning making it difficult to make yourself safe?

Do you have angina attacks or asthma attacks and need someone to help administer your spray or other medication?

If you care for a young child and your condition means that they might be in substantial danger if, for example, you had a fall or a fit, then this may be sufficient for you to qualify.

Remember the four steps

Step 1 Say what causes the problems with this activity

Step 2 Say what the problems are. Give details of: pain; fatigue; stiffness; breathlessness; lack of strength; slowness; mobility problems; being in danger.

Step 3 Give an example

Step 4 Say how someone can help

Describe why you need someone to be awake to watch over you during the night

See the box above. In addition, do you need someone to be awake when you go to the lavatory because you are unsteady on your feet due to medication, weakness or fatigue?

How long on average do you need someone with you each time during the day?

During the day the supervision needs to be continual, which means that you need someone available for most of the time, though not necessarily without any breaks.

How long on average do you need someone to be awake during the night to watch over you?

At night the supervision needs to be for at least twenty minutes or at least twice a night to count.

How many days/nights a week?

If you always have difficulties then the answer is seven days/nights. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a day/night?

If your condition varies, give an average or range.

Page 16 Dizzy spells, blackouts, fits, seizures or something like this

Do you have dizzy spells, blackouts, fits, seizures or something like this?

Only tick No if you have read the examples on the form and read the two boxes below and decided you don't have any such problems.

Describe the problems you have and the help you need during the day

Explain what health condition or medication causes the attacks. (We use the word 'attacks' here to cover a wide range of symptoms, such as fits, angina, fainting and dizziness).

Say whether you get any warning of the attacks. If you do, what sort of warning do you get? Is it clear and reliable enough to allow you to make yourself safe before an attack occurs?

Give details of how long the attacks last. Are they only momentary or do they last longer?

Also say roughly how frequent the attacks are. Do they occur most days? Do they occur several times in one day and then not happen again for some time? Do they have any pattern at all?

When did the last one happen?

Is there a particular time of the day when the attacks happen? Do they only happen when you are in bed? Or only during the day, or both?

How severe are the attacks? Do you lose consciousness? Do you have episodes of incontinence?

Have you suffered injuries during the attacks? For example, have you had falls, concussion, cut or bitten yourself? Give details in this box.

Have you injured anyone else during the attacks? How did it happen and how severely were they injured?

What happens after the attacks? Are you confused, dazed, distressed, exhausted or aggressive?

How long before you are fully recovered?

Do you care for a small child? Might the child be at risk if you have an attack whilst caring for them? (If so, you may be eligible for DLA on the grounds of requiring continual supervision to avoid substantial danger to others).
What help can someone provide? Can they make sure you don't injure yourself or someone else during an attack? Can they help you cope with the after effects of an attack, such as confusion, fatigue or incontinence? Can they give you medication?

Describe the problems you have and the help you need during the night
See daytime above.

How long on average do you need help each time during the day/night?
Include the time that someone stays awake or is on hand in case you need them.

Tell us roughly how often you have a dizzy spell, blackout, fit or seizure during the day/night?
If your condition varies, give an average or a range.

Page 17 The way you feel because of your mental health

Do you have problems because of your mental health?

We don't deal with mental health issues in this guide, as we produce a separate guide entirely devoted to claiming DLA on mental health grounds. You can find further details in the *Help!* section.

However, many people with long term health problems also experience depression or anxiety as a direct result but do not seek help for these conditions. Very often, the emotional effects of a serious health problem seem trivial by comparison or people just expect to feel depressed or anxious and so don't ever talk in detail to their doctor about it. If depression, anxiety or any other mental health condition does affect your ability to carry out the tasks listed on this form, then speak to your GP about it. Tell them how long the mental health problems have existed and why you haven't discussed them in the past. If at all possible you will need your GP, or other health professional, to provide medical evidence relating to your mental health – even if this is only to state that your diagnosis includes, for example, depression, as well as physical health problems.

For further information download a copy of our DLA and mental health guide from www.bhas.org.uk

Page 18 Communicating with other people

Do you have problems communicating with other people?

Only tick No if you have read the examples on the form and read the box below and decided you don't have any such problems. If the problems you have with communicating with other people are related to your mental health - for example, you have become very depressed, withdrawn or anxious and now find it difficult to talk to people you don't know well - you should look at the details of our separate guide to DLA and mental health in the *Help!* section.

Describe the problems you have and the help you need communicating with other people.

Do you use sign language and so cannot be understood by hearing people and need an interpreter?
Do you have difficulty understanding what people say and being understood by people when you speak, perhaps because you are deaf and English is not your first language?
Do you need someone to attract your attention before they speak to you?
Do you lip read and often need people to say something several times?

Do you have difficulty reading letters, newspapers, bills, memos, text on computer monitors or mobile phones, instructions at work or books at school, etc. because you are deaf and English is not your first language or because you have a visual impairment?
Do you need someone to make or take phone calls for you?

Remember the four steps

Step 1 Say what causes the problems with this activity

Step 2 Say what the problems are. Give details of: pain; fatigue; breathlessness; slowness; being in danger.

Step 3 Give an example

Step 4 Say how someone can help

Example

I have problems with this activity because I am deaf. My first language is British Sign Language, not English. I can speak English but people often have difficulty understanding me and many people get embarrassed or impatient and try to avoid communicating with me. This can happen in all my everyday communications in shops, on public transport and at work. Although I can lip read, this is very difficult with people who are not experienced at speaking in a way which makes lip reading easier. As a result I need people to speak slowly, often they have to repeat things several times and even then I do not always understand. Sometimes people write things down and I write a reply, but because English is not my first language I don't have the same literacy skills as hearing people. I cannot make or receive telephone calls unless the other person has a minicom, although I can exchange brief text messages on my mobile – but this is no help for longer or more complicated communications.

In the past, when I have tried to communicate with hearing people without an interpreter I have had to cope with people being very rude and aggressive or not understanding me and getting embarrassed. Either way I've ended up not being able to communicate effectively and often been left very upset by what has happened.

I need help from an interpreter to communicate effectively with hearing people. I also need someone to attract my attention before they speak to me, for example by coming and standing in front of me. I also need someone to tell me if an alarm goes off or if there is an announcement over a tannoy at a railway or bus station. At work I need extra help with communicating because I make machine parts and my job can change from week to week. I need the work explained to me individually, rather than as one of a group of hearing people. I also need additional help with reading the plans for the job. If I have an interpreter with me they can help me to communicate with hearing people.

Tell us about any equipment you use to help you communicate with other people

For example, hearing aid, minicom, hearing loop, talking browser, voice recognition software. Remember that if using special equipment means that you no longer have difficulties, then this activity won't count towards your DLA entitlement. So if you still have problems even though you use this equipment then explain this very clearly.

How long on average do you need help each time?

This may vary a great deal depending on the situation, give an average or a range.

How many days a week do you need someone to help you communicate with other people?

If you always have difficulties then the answer is seven days. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a day you need someone to help you communicate with other people??

If your condition varies give an average or a range. There is no mention on this page of help you need at night. If you regularly need help with communicating at night, after the household – if you live in one - has gone to bed, give details on page 8, *When you are in bed*.

Pages 19 & 20 Help you need when you go out during the day or in the evening

Please note: in spite of the title, these pages are about help you need with social and leisure activities *at home*, as well as when you go out. What used to take up nine pages in the old DLA form has now been shrunk down to two very cramped and confusing pages. But these two pages can be very important if you need support in order to take part in social and leisure activities. The boxes are very small, so use separate sheets if you need to.

Caution!

Decision makers tend to take little, if any, account of help with social and leisure activities even though the law says that they should. One of the difficulties with these activities is that they may be sporadic and this makes them difficult to include in calculations of how much help you need on average. However, if you do engage in social and leisure activities on most days then they may have a considerable influence on your DLA award. They may be particularly important in showing attention needs throughout the day, for example, which could make the difference between getting lower and middle rate care. (See *More about the way your illness or disabilities affect you*).

What you do or would do if you had the help you need when you go out during the day or evening
This box may be easier to complete if you read it as asking: 'Where do you go, or where would you go, if you had the help you needed?'

Examples include: going shopping for pleasure (rather than for necessities), walking, holidays, cinema, theatre, restaurant, pub, nightclub, library, bingo hall, post office, doctors, hospital, physiotherapist, counsellor, church, evening classes, local park, day-trips, taking the children to and from school, visiting friends and relatives, swimming, gym, sports centre.

How many days a week?

If this is something you would do every day if you had the help then the answer is 7 days. Otherwise, decide how many days a week you would like to do it.

How many times a day?

Is this something you would do more than once a day?

How long do you usually need help for each time?

Include the time needed to accompany you there, stay with you throughout the activity and accompany you back, if this is what is required.

What help do you need from another person?

Describe what help you get or would need in order to carry out this activity. Do you need someone to help you walk to and from places? Do you need someone to carry things for you, to lean on, to help you get to and from the toilet? Do you need someone to offer you support and reassurance because of the possibility of a fall, an angina or asthma attack or an episode of incontinence? Do you need someone to interpret for you?

What you do or would do if you had the help you need

At home

This can be hobbies, or pastimes or activities that you used to do, still do or would like to take up. For example, could you do gardening, decorating or DIY if you had someone to help with the bits that require heavy lifting, bending, stretching or kneeling? Do you have a visual impairment that means you need help with reading newspapers, magazines, books or letters? Do you have a hearing impairment that means you need help with watching television or videos or with communicating with visitors?

How many days a week?

How often would you like to do these things or how often do you do them with help?

How many times a day?

If this is an activity that you would like to do more than once a day say how many times.

How long do you usually need help for each time?

Do you need help all the time you are doing this activity or just for part of it, such as setting things up and putting them away?

What help do you need from another person?

Would someone, for example: lift things; climb ladders; fetch things; steady you; encourage you; get out or put away equipment; read to you; tell you what's happening in a TV programme or video; read crossword clues to you?

Page 21 More about the way your illness or disabilities affect you

More about the way your illness or disabilities affect you

If there is information about your condition, or the way it affects you, that you think is relevant but you haven't been able to include elsewhere, put it on this page. Or if you have had hospital admissions or surgery that demonstrates the seriousness of your condition, you can give more details here. Below are some other suggestions about what you might put on this page.

Looking after young children

If you care for a young child but your condition means that you need help or supervision to do so then you may be able to claim DLA on this basis. For example: if you are visually impaired you may need help with many childcare tasks that a sighted person could do unaided; if you have epilepsy or a similar condition you may need someone else present when you are caring for your child in case you have a fit and your child is left unsupervised and at risk. You can give details of the extra help or supervision you need on this page

Middle rate care

Although the claim pack asks lots of questions about how often you need help and how long for, it doesn't ask you about *when* in the day you need help. However, this information can be very important. If you need help for at least an hour a day, but only in one chunk, or only at the beginning and end of the day – perhaps help with washing, dressing and undressing – you are likely to qualify only for the lower rate of the care component. But if you need attention for at least an hour a day and that hour is spread out 'frequently throughout the day' you may receive the middle rate of the care component instead. (See *Before you begin section 2* for more about this).

'Frequently' has been defined for benefits purposes as meaning 'several times – not once or twice', but there is no clear definition of what 'frequently throughout the day' means. The

decision maker has to decide each case on the facts: it may be helpful if you make those facts as clear as possible. So, if you wish, you can use this page to list when you need help on an average day. For example:

Help I need throughout an average day

| | |
|---------|--|
| 7.30am | help with getting out of bed washing and dressing. |
| 8.30am | help with cutting up food for breakfast |
| 12.30pm | help with cutting up food for lunch |
| 2.30pm | (or thereabouts) help with putting on shoes and coat and help to get either to the library, to visit friends or relatives, or to visit the park or the shops for leisure and just to get out of the house. |
| 4.00pm | help removing outdoor clothing |
| 6.00pm | help with cutting up food for evening meal |
| 10.30pm | help with washing, undressing and getting into bed |

Help with shopping, cleaning and cooking

The law on help with shopping, cleaning and cooking is confused. On the one hand, social security commissioners have decided that shopping, cleaning and cooking are not sufficiently personal services that they can be counted towards your DLA entitlement. (Although you may get lower rate care if you pass the cooking test, see *Preparing a cooked main meal for yourself*. And if you go to the shops as a leisure activity, rather than to shop for necessities, that may also count: see *Help you need when you go out during the day or in the evening*). But, generally, if you need someone to do your shopping, cooking or cleaning for you, this isn't relevant to your claim.*

On the other hand, courts have also decided that if it's reasonable for you to do shopping, cleaning and cooking yourself, then if you need help to actually carry out those tasks, the help you need *can* be counted. The decisions have centred around people who are blind, but there is no legal reason why they should not apply to people with other conditions. So if you have ME, for example, but wish to cook and clean your home yourself because that is part of living an ordinary life, then you may be able to include any help you need towards your DLA entitlement.

Because there is nowhere else on the form to give information about the help you need with shopping, cleaning and cooking you may want to do so here.

Caution!

Because there are conflicting judgements by social security commissioners, decision maker will be reluctant to accept that you are entitled to include these activities in your attention or supervision needs. If you are not happy with the decision in your case you will need to get help if you choose to challenge it. See the *Help!* section for details of agencies who might be able to offer support.

*The original decision on this matter was made by Lord Denning in 1981, (although some people may feel it sounds more like a decision made in 1881). Lord Denning decided that the bodily functions that could be taken into account for benefits purposes "*include breathing, hearing, seeing, eating, drinking, walking, sitting, sleeping, getting out of bed, dressing, undressing, eliminating waste products – and the like – all of which an ordinary person – who is not suffering from any disability – does for himself. But they do not include cooking, shopping or any of the other things which a wife or daughter does as part of her domestic duties: or generally which one member of the household normally does for the rest of the family*".

Pages 22 and 23 Declaration and statement

Page 22

When your problems started

This may be many months or years before you were actually diagnosed. DLA is only payable when your condition has lasted for at least 3 months.

Declaration

Once again, read it before you sign it.

Page 23

Statement from the person who knows you best

Photocopy this sheet and give the copy to the person you want to complete it. If you are happy with what they write staple the sheet to this page, if not give them another blank copy and ask them if it would be possible for them to change what they have written. If they won't, get someone else to fill in the statement instead. If possible the person who completes this statement should be a professional involved in your care, such as your GP, specialist or a nurse. Make an appointment to see that person so you can answer any questions they might have and take the Health professionals sheet with you. Ask the person to complete the statement there and then if they can. If they can't, or wish to write a longer report, ask them to send it to you and check when it will be done by as you may have to send off section 1 on its own. (See *Completing section one*).

Congratulations! You've done it. The claim pack is complete. Photocopy this pack before you send it and you'll probably never have to spend so long filling in a form again in your entire life.

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Including supporting evidence

As well as your claim pack the decision maker has to take into account any other evidence you provide, this includes additional evidence from you and evidence from other people.

Medical evidence

This can make an enormous difference to whether your claim succeeds. Detailed evidence from health professionals such as your GP, or consultant if you have one, may also mean that your claim is dealt with more quickly and that you are less likely to have a visit from a DWP doctor. (Always inform your GP that you are making a claim for DLA as it is quite likely the DWP will contact her or him without telling you first, even if s/he has very little contact with you).

So, ask the health professional(s) most involved in your care if they will write a letter supporting your claim. Make an appointment to see them so you can answer any questions they might have and take the health professionals sheet at the end of this guide with you. Ask them to send any letter to you so you can keep a copy (and if necessary ask them to change anything you think is inaccurate or unhelpful). Remember: it is up to you to decide what evidence you submit. Do not feel obliged to use a letter that may not be helpful or might actually harm your case.

Caution!

Doctors are under no obligation to provide you with a letter of support for your claim. Some may refuse to supply you with a letter, others may only do so only if you pay. If you are eligible for Legal Help (what used to be called legal aid) some solicitors and advice agencies may be able to pay for medical evidence for you. See the *Help!* section for more about this.

Non-medical evidence

Carers, friends or relatives who accompany you when you go out, help you up and down stairs, accompany you to social occasions or give other sorts of support, can write letters explaining what they do. They should give the letter to you so that you can keep a copy. If it says things that you think are unhelpful, then ask the writer to change them or simply do not submit the letter. Whatever you do, don't feel obliged to submit a letter just because someone has been kind enough to write it. A letter that says the wrong things can be very damaging to your claim.

Keeping a diary

A diary kept for five days detailing all the things you have problems with, cannot do unless you have help or cannot do at all is very useful. If you keep a diary before you fill in your claim pack it can make the job a lot easier. In addition, you can send it in with your claim form as additional evidence. But beware: if yours is a fluctuating condition then don't keep a diary when you're having a better spell, it'll give a very misleading impression.

A diary may also prove invaluable if you need to attend a tribunal as it will be evidence of what problems you had at the time you made your claim. Also, tribunals are very keen on hearing a day by day account of the sort of tasks you perform and the things you find difficult, you *will* be asked about these if you have a hearing .

Remember: you must send section 1 of your form before the deadline runs out. You can send other evidence later if necessary. Enclose a letter with your claim form telling the DWP that you intend to send further evidence and when you hope to be able to send it to them.

Will I get a medical visit?

After you send in your claim pack, you should receive an acknowledgement within five working days from the DWP, at least that's what it says in the Charter Standard Statement.

Your claim pack will be looked at by a decision maker who may make a decision based just on the information you have sent or may decide he requires more. He may contact your GP for further information and/or he may ask the Medical Services department to send a doctor to visit you.

Who gets a medical visit?

There's no way of knowing when you make your claim whether you will have to have a medical or not. The first you will know about it is when you receive a letter, or possibly a phone call, telling you that the DWP wish to send a doctor to your home. If you refuse to have a medical your claim for DLA will automatically be turned down. However, you can ask for the appointment to be made, or changed to, a time when you can have someone else present, (see below). You can also ask to be visited by a female doctor if you would find a visit from a male doctor distressing, or vice versa.

Who visits?

Some people are visited at home by a polite and interested doctor who takes the time to listen and who writes an accurate account of his visit. Sadly, not everyone is so fortunate. Doctors, who are often either retired GPs or local GPs squeezing these visits in with their other work, are paid a fee of £47 per visit by the DWP. Many people we've spoken to reported that the visiting doctor seemed in a rush, stayed only a very short time and wasn't interested in what they had to say. Some found the doctor positively rude. Others reported that although the doctor seemed sympathetic and encouraging, they later discovered that the medical report was very dismissive of their needs.

Having someone with you

Having a friend, relative, carer or support worker with you can make it much easier to deal with difficult situations, it can also provide you with a witness to what happened at the medical. If possible, tell the DWP that you intend to have someone with you, but don't worry if you don't have chance to inform them. If the doctor arrives early, before your friend or relative has arrived, ask them politely to come back at the agreed time. If the doctor arrives late, after your friend or relative has left, tell them politely that they will have to arrange another appointment so that your friend or relative can be present.

The medical, and the medical report itself, are divided into two parts.

Part 1 of the medical

This is supposed to be a statement of *your* needs in *your own* words. The doctor should ask you about a number of things including what problems you have with:

- Walking
- Going outdoors
- Getting up
- Moving about indoors
- Falls
- Bathroom and toilet needs
- Help with medication and related activity

- Help at mealtimes
- Preparing a cooked meal
- Using a wheelchair
- Going to bed
- Awareness and recognition of dangers
- Blackouts, fits, comas etc
- Help needed when in bed
- Help with toilet needs
- Help with medication
- Any other needs not described above that are told to the doctor

If possible, read through your photocopy of the DLA form and refresh your memory on all these points before the doctor arrives. Beware of leading questions like ‘*You don’t have any trouble with ... do you?*’, or ‘*You can manage ... can’t you?*’. Try not to be persuaded, or feel pressured, into giving an answer that isn’t correct. If you do have problems with an activity, or can’t manage it at all, say so and explain why. The doctor should write down what you tell them and then either read the statement back to you or give it to you to read. You then sign to say that you agree with what has been written.

Do not sign unless you are completely happy with what is written.

Remember, this is a signed statement saying what your problems are. If it differs from what you’ve written in your claim pack it may be used by the DWP as grounds for refusing your claim.

If you need to read the statement, or have it read to you, two or three times in order to check it fully then do so. *Don’t be hurried*, the doctor is being well paid for visiting you. If there is anything you disagree with, ask the doctor to change it. If there is anything missing, ask the doctor to put it in. Carry on until you are completely happy with the statement. If the doctor won’t write what you ask then politely refuse to sign, but still co-operate in every other respect with the medical. If the doctor tells you that you must sign or your claim will fail tell them politely that they are mistaken and show them this page if you wish. Point out that it was written by welfare rights specialists and that you feel it is best to follow their advice. If the doctor says that they’re running out of time and they have to be somewhere else, politely suggest that they arrange a further appointment to come back and finish the medical. But whatever you do, *don’t sign until you’re satisfied*.

We do understand how difficult disagreeing with a doctor can be. That is why we strongly recommend you have someone with you to give you support.

Part 2 of the medical

In the second part of the medical the doctor will ask you more questions and may carry out a brief physical examination and ask you to perform simple activities such as standing up and walking across the room. They may also ask you to walk outdoors.

The doctor then fills out their own report stating what, in their opinion, your needs are. This is the doctor’s part of the report, they are entirely free to disagree with everything you have said and they do not show you what they have written. (Though you will receive a copy of the whole report if you appeal against the decision in your case and we advise you to ask for a copy even if your claim is successful. See *The decision* for more about this).

At the end of this guide there is a medical visit record sheet for you to record what happened at the medical. Look through it before you have your medical and fill it in afterwards, if you want to

have a record of what happened. Remember to make a note of the time the doctor arrived and left: if they only stay a short time you can use this as evidence that the report is less likely to be reliable.

We don't want to leave you feeling terrified about having a visit from a DWP doctor. But many people say they had no idea what to expect before they had their medical and that they were very disappointed with how quick and irrelevant the whole thing seemed to be. We also know that very many DLA claims are turned down because of the visiting doctor's report. By being properly prepared for your medical you can reduce the chances of this happening to you.

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The decision

Eventually you will receive a decision letter telling you whether you have been awarded DLA. If your claim has been successful the letter will tell you what components, care and/or mobility, you have been awarded and at what rates. It will also tell you whether your award is for fixed number of years or indefinite.

If you are happy with your award

You should try to get a benefits check done at your local advice agency as you may be entitled to additional amounts in the benefits you already receive or you may be entitled to benefits you have not received in the past.

Caution!

If you had a visit from a doctor working for the Department of Works and Pensions you should consider asking for a copy of the medical report even if you are happy with the award. This is because the department are likely to shred the report before your current award runs out, even though it may provide very valuable evidence to support any future claim you make. Contact the Disability Benefits Unit (0845 712 3456) and ask for a copy of the report to be sent to you – it's likely to take several weeks, but there is no charge.

If your award is for a fixed number of years you should be sent another claim form to complete several months before it runs out. If your award is an indefinite one you are still likely to receive review forms to fill in every few years and your award can still be reduced or stopped depending on what you write in them. That's why you should always keep your original claim form for reference, whatever length of award you receive.

If your circumstances change - your condition improves or deteriorates - you should tell the DWP as it may mean that your DLA should be reduced or increased

If you are not happy with your award

If you are not happy with the decision you can apply for it to be looked at again (a revision) or, better still, appeal. But you must do this within one month of the date of the letter giving you the decision, or have special reasons why you didn't. You also need to be aware that if you do ask for a revision or appeal, the decision can be changed to increase or decrease your award, (though this is obviously not a problem if you've been awarded nothing at all). You should try to get help if you wish to challenge a decision, see *Help!* on the next page. You can download a guide to revisions and appeals from our website at www.bhas.org.uk

Caution!

Just to remind you, because it is so important:

- there is a 'within one month' deadline for asking to have a decision looked at again;
- if you do ask to have a decision looked at again, your award could be increased, reduced or stopped altogether.

Help!

The BHAS Guide to claiming DLA for adults experiencing mental health problems

If you have a long term physical health problem, you may well experience conditions such as depression or anxiety as a result. The effects of these mental health conditions should be taken into account when looking at your entitlement to DLA. You can download a similar guide to this one, but dealing with mental health problems, from our website at www.bhas.org.uk. It is designed to cover a wide range of conditions, from depression and anxiety to eating disorders and psychotic illnesses.

Family, friends and carers.

If you can arrange emotional support from amongst your family and friends it may make claiming DLA easier to cope with. Bear in mind that if you are unhappy with the decision and choose to appeal the process may take many months (or even years).

Advice agencies.

These may be able to help with filling forms and with challenging the decision if you're unhappy with it. However, advice agencies may be almost impossible to get through to on the phone, have no appointment system and long queues. If you can't get through to your local agency on the phone, try writing to them explaining your health problems and asking if they do home visits, or if they can telephone you at home and offer advice. You can usually find numbers for advice agencies in your local Yellow Pages in one or more of the following sections: disability information and services; information services; social service and welfare organisations; counselling and advice.

Citizens' Advice Bureaux (CAB)

There are over 750 bureaux in mainland Britain. Look under Citizens Advice Bureau in your phone book or telephone the National Association of Citizens Advice Bureaux on **0207 833 2181** for details of your nearest one. You can also find details of your nearest bureau at: www.nacab.org.uk

Disability Information Advice Line

There are over 140 local DIALs, all staffed by disabled people and all offering telephone advice. If you have a local line it should be listed in your telephone directory under DIAL UK. Alternatively, call the national office on **01302 310 123** or visit their website at www.dialuk.org.uk

Other advice agencies

Over 900 advice agencies are members of the Federation of Independent Advice Agencies (FIAC). Details of your nearest ones are available from FIAC on **0207 489 1800** or from their website at www.fiac.org.uk

Law Centres

Contact details of your nearest Law Centre, where you may be able to get free advice and representation at appeals, are available from the Law Centres Federation on **0207 387 8570** or from www.lawcentres.org.uk

Housing Associations

Some housing associations employ a welfare rights worker. If you live in a housing association property contact your local office.

Doctor's surgeries

An increasing number of surgeries and health centres have a welfare rights worker on the premises, part-time or full-time. Check with the receptionist.

Local Authority

Your local council may employ welfare rights workers who can help you with your claim. Start by asking your council's main switchboard if they can put you through to a welfare rights worker. If the operator doesn't know of one ask to be put through to the Social Services Department and if they can't help try the Housing Department, either department may employ welfare rights workers.

Solicitors

You can get contact details of both advice centres and solicitors in your area who are funded under the Community Legal Services (CLS) scheme by telephoning their helpline on **0845 608 1122** or visiting www.justask.org.uk. But beware, make sure that you will be provided with free advice before agreeing to see anyone, as solicitors may charge, depending on your income, savings, etc. In addition, search or ask for solicitors who are specialists in welfare benefits, otherwise you may find yourself being advised by someone who has had just one day's training in the entire benefits system.

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Claim file record sheet

[illegible]

Medical Visit Record Sheet

| | |
|------------------------|----------------------|
| Date of doctor's visit | <input type="text"/> |
| Time doctor arrived | <input type="text"/> |
| Time doctor left | <input type="text"/> |
| Who else was present | <input type="text"/> |
| | <input type="text"/> |

Did you feel relaxed and able to talk freely to the doctor?
If no, please give details. Yes / No

Did the doctor listen to what you had to say and give you
time to answer questions fully?
If no, please give details. Yes / No

Did the doctor phrase questions in a way that suggested
a particular answer?
If yes, please give details. Yes / No

Did the doctor:

- a) read your statement back to you before you signed it ☐
- b) let you read your statement before you signed it ☐
- c) neither ☐

If you did read your statement or have it read back to you, did you have time to make sure you agreed with everything in it? Yes / No
If no, please give details

Did the interview distress or upset you in any way? Yes / No
If yes, please give details.

If you had a physical examination did anything you did or the doctor asked you to do cause you pain? Yes / No
If yes, please give details including whether you told the doctor you were in pain.

Anything else you wish to record

Signed (your signature)

Date

Signed (friend or carer who was present)

Date

Health Professionals' Sheet

Take this sheet with you when you go to see your health professional. By health professional we mean the doctor, nurse, consultant or other health worker you feel can best give information about your condition. For convenience we have referred to your doctor throughout this sheet. When you see your doctor please try to follow the eight steps below. You may want to show your doctor this sheet and leave it with him or her after your appointment.

Step 1 Before going to see your doctor complete the checklist overleaf.

Step 2 Tell your doctor that you are making a claim for Disability Living Allowance (DLA) and that in Social Security law a 'disability' is a long term health problem that affects your everyday activities. This means that you do not need to be 'disabled' in a medical sense to claim DLA.

Step 3 Explain that a letter from your doctor may make a big difference to whether your claim is successful or not.

Step 4 Explain that the evidence you need is:

- a) how long your doctor has been seeing you;
- b) diagnosis – what it is you suffer from;
- c) prognosis – how your condition is likely to change in the future;
- d) how the symptoms of the condition affect your everyday activities. In other words, whether your condition means that you need someone with you to make sure you are safe or someone to help you do things like wash, bathe, dress or walk.

Step 5 You may not have told your doctor before about all the problems you have with ordinary activities. It would be a good idea to explain them now. You could show your doctor the checklist you have completed on the back of this sheet and go through it with him or her.

Step 6 Bear in mind that your doctor may not have seen you carry out most of these activities and so may be reluctant to say what problems you have. If this is the case ask your doctor if s/he is willing to say whether the problems you report are consistent with what your doctor knows of your condition.

Step 7 You may want to tell your doctor why the financial help provided by DLA is important to your general well being. For example:

- Because you suffer stress due to financial worries.
- Because it would help you to do things that would be good for you emotionally or physically, like travelling to see friends and family or just getting out more.

Step 8 If your doctor is willing to write a letter, ask him or her to send it to you rather than the DWP and, if possible, to give you an idea of when you might receive it. Keep a copy of the letter in case it gets lost in the system.

Checklist

| Activity | ✓ | Very brief details of the problems you have with this activity. For example 'I am in pain and unsteady when I use the stairs. It helps to have someone to lean on'. |
|---|---|---|
| Walking outdoors | | |
| If you need someone with you when you walk outdoors | | |
| Falls or stumbles | | |
| Moving about indoors | | |
| Getting out of bed in the morning | | |
| Getting into bed at night | | |
| When you are in bed | | |
| Toilet needs. | | |
| Washing and bathing | | |
| Getting dressed and undressed | | |
| Preparing a cooked main meal | | |
| Problems at mealtimes | | |
| Help with medical treatment | | |
| Someone keeping an eye on you | | |
| Dizzy spells, blackouts, fits and seizures | | |
| Communicating with other people | | |
| Social and leisure activities | | |